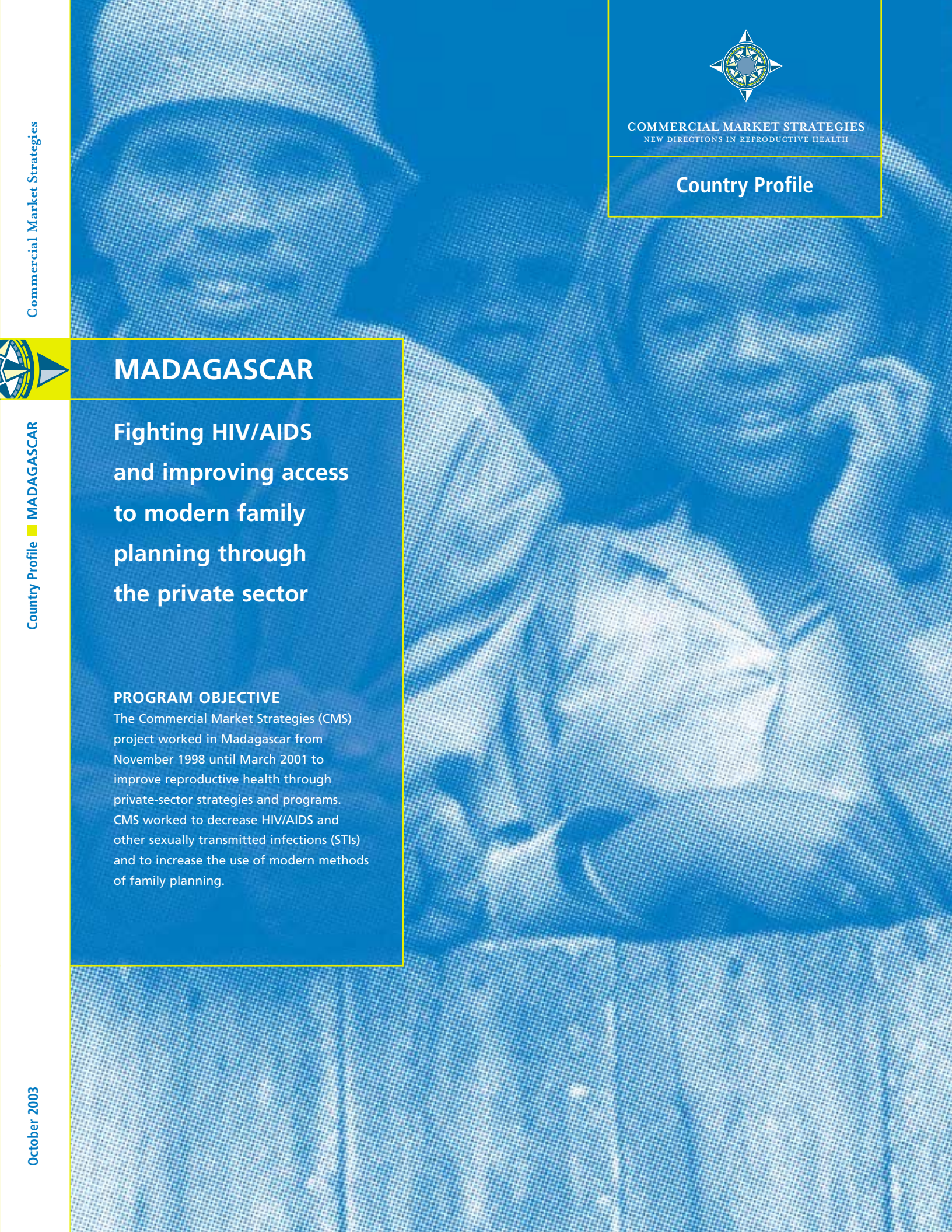


COMMERCIAL MARKET STRATEGIES
NEW DIRECTIONS IN REPRODUCTIVE HEALTH

Country Profile

MADAGASCAR

Fighting HIV/AIDS and improving access to modern family planning through the private sector

PROGRAM OBJECTIVE

The Commercial Market Strategies (CMS) project worked in Madagascar from November 1998 until March 2001 to improve reproductive health through private-sector strategies and programs. CMS worked to decrease HIV/AIDS and other sexually transmitted infections (STIs) and to increase the use of modern methods of family planning.

October 2003

MADAGASCAR AT A GLANCE

Population	**15.6 million**
Rural	78%
Under 15	45%
Below absolute poverty line	71%
Per-capita income	$260
Health	
Fertility rate	6
CPR,* modern (1997)	7.3%
Maternal mortality	488/100,000
Infant mortality	88/1,000
STIs/HIV/AIDS	
HIV prevalence	1%
STIs, high-risk women	75%
Active syphilis	37%
Access to mass media	
Radio	38%
TV	6%

**Contraceptive prevalence rate.*

CONTEXT

Madagascar is one of the least-developed countries in the world. Approximately three-quarters of the population are poor and rural, and almost half are under 15 years old. Access to mass media is low, and only 10 percent of homes have electricity. Hence, the challenges that CMS faced in Madagascar were immense.

On average, women in Madagascar have six children. Access to contraception and other reproductive health services is limited, and people don't have information about family planning options. As a result, there is a tremendous unmet need for family planning — the modern contraceptive prevalence rate was only 7.3 percent in 1997.

For many people in Madagascar, sexual activity begins at a fairly young age. Girls often have early and unwanted pregnancies. Illegal abortions are common and account for up to 40 percent of maternal mortality in the country.

AIDS is a potentially explosive problem. While the official HIV rate was only about 1 percent in 2000, infections are believed to be underreported. Conditions are ripe for the rapid spread of AIDS: In addition to widespread poverty and an increasingly transient population, the country has some of the world's highest rates of STIs. The active syphilis rate for the population is close to 40 percent, and some three-quarters of high-risk women have at least one STI.

While AIDS threatens the population, there is little accurate information available to the public about the transmission and prevention of STIs and HIV/AIDS. Furthermore, condom use is low. Adolescents in particular are at high risk for HIV, but they have many misconceptions about the virus.

CMS took over the Madagascar social marketing program in November of 1998 from the Social Marketing for Change (SOMARC) project. After implementing significant changes, CMS transferred management of the program to AIDSMark, a global USAID project that uses social marketing to prevent the spread of HIV/AIDS and other STIs.

PROGRAM COMPONENTS

The Madagascar program's goal was to increase consistent condom use to prevent STIs and HIV/AIDS and to increase the use of modern family planning methods obtained from the private sector. CMS/Madagascar used a comprehensive approach to address both demand- and supply-side barriers to modern contraceptive use. The project focused on the following activities:

- **Improving product distribution** — to expand availability of condoms and hormonal contraceptives, including detailing and training to improve providers' ability to offer accurate information
- **Developing behavior-change and information, education, and communication (IEC) campaigns** — to increase awareness of family planning and STI/HIV/AIDS prevention
- **Targeting high-risk youth** — to promote healthy sexual choices, using mass media and interpersonal communication campaigns
- **Increasing community-based sales and education** — to increase access to products and accurate information for underserved and high-risk populations
- **Ensuring contraceptive security** — to strengthen long-term, reliable contraceptive supplies

IMPROVING PRODUCT DISTRIBUTION

New condom distribution strategy. Because the distribution of *Protector* socially marketed condoms was limited, especially beyond the capital of Antananarivo, CMS restructured the condom distribution system to improve availability. When CMS took over the project in 1998, *Protector* condoms were sold directly to some 8,000 retailers. CMS revamped the system, however, so that retailers could purchase condoms from local wholesalers. This change allowed the project sales team to concentrate on other activities, such as merchandising, opening up new sales points, and ensuring better coverage in non-traditional outlets that serve high-risk groups. CMS used mass media advertising to improve awareness of the wholesaler network. The project also installed a new information system to measure sales by province and to assess the effectiveness of the distribution network.

The project met its goal of increasing the availability of condoms by the end of March 2001. The number of *Protector* retailers increased from 8,000 to 21,273, serviced by 639 wholesalers. Between 1998 and 2000, *Protector* sales increased more than 55 percent — from 3.4 million to 5.3 million.

Reaching Malagasy hot spots. The Malagasy government identified 20 high-priority HIV transmission zones, or hot spots, in its strategy to combat HIV/AIDS. Hot spots include areas with large numbers of commercial sex workers and migratory men, such as transportation routes and major cities (especially coastal port cities). Adolescents in the port city of Tamatave, for instance, have some of the highest STI rates in the country. CMS increased condom distribution in some Malagasy hot spots, recruiting and placing sales staff in the cities of Tamatave, Tulear, and Diego.

Expanding hormonal distribution, detailing, and training. The CMS project also worked to expand the distribution of socially marketed hormonal contraceptives. Distribution of *Pilplan* oral contraceptives and *Confiance* injectables was limited to three cities in 1998. CMS took over promotion of the products from the distributor, which continued to oversee distribution with a focus on avoiding stock outages. CMS's promotion strategy targeted providers, such as doctors, midwives, and pharmacists, and worked to improve their ability to offer accurate information on hormonal contraceptives. CMS hired and trained a team of medical detailers to visit providers with information on *Pilplan* and *Confiance*. Point-of-sale materials were developed and given to providers and retailers to increase their motivation to stock the products and to indicate their availability to consumers.

By March 2001, more than 1,000 providers were trained in contraceptive technology, and more than 16,000 detailing visits took place. More significant, *Pilplan* and *Confiance* were available in almost every pharmacy in the country. Between 1998 and 2000, annual sales of *Pilplan* more than quadrupled, from 56,581 to 239,764 cycles. Sales of *Confiance* increased from 10,011 to 78,082 vials.

DEVELOPING BEHAVIOR-CHANGE AND IEC CAMPAIGNS

CMS created a comprehensive behavior-change campaign to address the lack of knowledge about STIs/HIV/AIDS. It worked to increase personal risk perception for AIDS, improve knowledge about the transmission and prevention of STIs/HIV/AIDS, and increase condom use. An IEC campaign was developed to promote hormonal family planning methods. It focused on providing accurate information and dispelling rumors about hormonal contraceptives. The STIs/HIV/AIDS campaign promoted healthy sexual choices by stressing abstinence before marriage, monogamy, and condom use — for the prevention of HIV/AIDS *and* unwanted pregnancy. Both campaigns included the following elements:

REACHING UNDERSERVED POPULATIONS

CMS used a mobile video unit — a truck outfitted with a TV — to bring the HIV/AIDS-prevention film *Bakapilesy* to remote areas of Madagascar. Here, a member of the CMS team sits atop the truck and uses a loudspeaker to draw villagers to the show. His T-shirt sports the redesigned *Protector* condom packaging and the campaign message: "I know what I'm doing. I do it with *Protector*."

These are scenes from *Bakapilesy (Slingshot)*. The film used the metaphor of the "Y" shape of a slingshot to illustrate the two paths a couple could travel in their behavior choices regarding sexual activity: (1) forgoing condoms and contracting HIV or (2) using a condom, getting married, and having children.

ENGAGING YOUTH

CMS repositioned *Protector* condoms to appeal to sexually active youth. The package and logo were redesigned, and the condom was launched as *Protector Plus* — highlighting the dual protection benefits.

VOICE FROM THE FIELD

High school dean, Taosamina

Thank you very much for having organized the session on family planning. This was needed because students didn't understand that having sex might put an end to their studies. I conducted a small survey and found that thanks to the work of your peer educators [shown below], the number of pregnant girls who had to stop school decreased by 50 percent.

- **Mass media communications** — radio advertisements for *Protector* and a weekly radio program called *Protector Times*, which featured a well-known Malagasy singer/comedian, to educate listeners and dispel rumors; a *Protector* condom song and music video by a popular Malagasy musician; generic radio advertising promoting awareness of hormonal contraceptives
- **Printed materials** — creation and distribution of educational materials, including posters, billboards, shop signs, a condom handbook, informational handouts, and a reproductive health comic book targeted to adolescents
- **Events and interpersonal communication** — interpersonal communication strategies, including concerts; comedy skits; dramatic and comic theater; large audience presentations; promotional giveaways; and a mascot, *Prince Protector*, who appeared at many events

To bring behavior-change messages to remote areas, CMS leveraged funding from the Japanese embassy to purchase a mobile video unit and create a film on life choices and HIV/AIDS prevention. The 30-minute dramatic film *Bakapilesy (Slingshot)* began airing in September 2000 in remote, rural areas. A small-scale post-test showed that the audience's attitudes, knowledge, and reasons for using condoms improved after viewing the film.

TARGETING HIGH-RISK YOUTH

Malagasy youth ages 15 to 24 are at particularly high risk for HIV/AIDS and unwanted pregnancy. CMS designed several program components to target this vulnerable group. Messages were conveyed through mass media and interpersonal communication (peer educators, providers, and mobile video) and emphasized the importance of the following:

- abstinence before marriage
- faithfulness to one partner
- correct and consistent use of condoms

In addition, CMS repositioned *Protector* condoms to target sexually active youth. CMS conducted focus groups with adolescents to identify barriers to condom use and preferences for a logo and package design. The focus groups also were used to test the effectiveness of the instructional insert.

Based on the focus group findings, the condom's name was changed to *Protector Plus* — to emphasize that the product protects users against both STIs and unwanted pregnancy. *Protector Plus* featured a new logo and packaging designed to appeal to sexually active youth. Condom sales increased more than 55 percent (to more than 5 million units annually) during the time CMS managed the program.

INCREASING COMMUNITY-BASED SALES AND EDUCATION

CMS increased community-based sales and educational activities to expand both the distribution network for contraceptives and access for underserved populations. CMS recruited a community-based sales coordinator who created education programs for military personnel, commercial sex workers, and employees of various organizations (including company doctors). Peer educators and community-based sales agents conducted educational sessions that reached more than 13,200 high-risk people.

ENSURING CONTRACEPTIVE SECURITY

As in many developing countries, fostering contraceptive security (assuring a reliable, long-term supply of contraceptives) was an important aspect of CMS's activities in Madagascar. As a first step in promoting contraceptive self-reliance, CMS conducted a study examining the feasibility of supplying the 10 largest members of ASSONG, a Malagasy family planning association, with social marketing condoms, pills, and injecta-

bles. At the time, ASSONG clinics received free contraceptives from USAID. Following the recommendations of the CMS study, however, USAID stopped providing free products and instead encouraged ASSONG clinics to purchase and distribute CMS's socially marketed products. To support this change, CMS conducted contraceptive technology training sessions for doctors affiliated with the family planning clinics. As a result, ASSONG clinics moved from passive recipients of donated products to active buyers — a key step toward developing the capacity for sustainable contraceptive management. ASSONG clinics also used their community health worker networks to distribute the socially marketed contraceptives to people in remote areas.

PROGRAM CHALLENGES

Madagascar was a challenging environment for CMS's operations for several reasons:

- extremely low levels of knowledge regarding reproductive health, including rumors and misconceptions about modern contraceptives and misinformation about transmitting and preventing STIs/HIV/AIDS
- limited access to mass media
- a government ban on branded mass media advertising for prescription products, such as hormonal contraceptives
- poor transportation, infrastructure, and distribution systems, which are routinely weakened by destructive cyclones

In spite of these challenges, CMS successfully used numerous communication strategies to convey targeted family planning and HIV/AIDS messages to the general population, medical providers, product distributors, and high-risk groups.

The ban on mass media advertising for prescription products affected CMS's ability to promote *Confiance* injectables and *Pilplan* pills. CMS focused instead on non-media activities, such as detailing, provider training, and community-based events. CMS circumvented the mass media ban by developing generic advertisements that promoted hormonal contraceptives without mentioning a specific brand.

Finally, CMS responded to the challenge of distributing products in a country with a poor and frequently disrupted transportation network by overhauling its condom distribution system. CMS designed a decentralized system that relied on local wholesalers — resulting in improved product availability, particularly in rural areas.

PROGRAM RESULTS

CMS's creative and comprehensive strategy to address both demand- and supply-side barriers to modern-method use in Madagascar has had an impressive impact. Based on the 1997 *Demographic and Health Survey* (*DHS*) and the 2000 United Nations Children's Fund (UNICEF) *Multiple Indicators Cluster Survey*, CMS contributed to improvements in the following areas:

Increased contraceptive prevalence. The contraceptive prevalence rate for modern methods increased from 7.3 percent in 1997 to 12 percent in 2000.

Increased use of hormonal contraceptives. Use of oral contraceptives increased from 2.4 percent in 1997 to 3.3 percent in 2000, and the use of injectables increased from 4.7 to 6.7 percent.

More couple years of protection (CYPs). While overseeing the Madagascar program, CMS provided 160,618 CYPs. Between 1998 and 2000, sales of *Pilplan* oral contraceptives increased by 324 percent, sales of *Confiance* injectables increased by 680 percent, and sales of *Protector* condoms increased by 55 percent (see Figure 1).

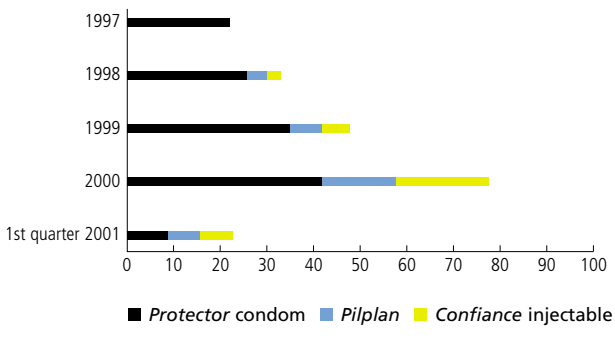
Increased private-sector market share. The private-sector share of the contraceptive market was approximately 39 percent in 1997. The next *DHS*, scheduled for the end of 2003, is expected to show an increase in private-sector share.

Improved knowledge about STIs/HIV/AIDS. Knowledge of STI/HIV/AIDS transmission and prevention improved dramatically. In 1997, 38 percent of women cited fidelity and 27 percent cited consistent condom use as the two main HIV prevention means. In 2000, 42.6 percent of women cited fidelity and 36 percent cited consistent condom use.

LESSONS LEARNED

Provider-targeted activities, such as detailing and training, are essential to promoting prescription family planning products. Detailing visits to doctors and pharmacists, as well as training, improved providers' ability to offer accurate information and

Figure 1 *Protector*, *Pilplan*, and *Confiance* CYPs (in thousands)



increased their motivation to prescribe contraceptives. Provider activities were successful in improving the quality of services offered and increasing the availability of *Confiance* injectables and *Pilplan* pills. In addition, CMS dispelled misconceptions and increased awareness about hormonal contraceptive methods by complementing provider outreach with generic mass media and educational campaigns.

Strengthening the wholesaler network helps ensure regular condom supply and increases access to and availability of condoms. By implementing a new distribution system that encouraged retailers to purchase condoms from local wholesalers, CMS enabled its sales agents to focus on detailing activities, merchandising, and opening outlets. As a result, more than 13,000 new outlets were established, and stock outages among retailers decreased, ensuring better availability of condoms throughout the country.

Community-based activities are effective in reaching high-risk groups and stimulating the use of family planning among those who are sexually active. The use of trained peer educators and community-based sales agents allowed CMS to reach high-risk groups with information about STI/HIV/AIDS risk and prevention. This community-based strategy also was effective in dispelling misconceptions and rumors about family planning methods. It also extended the distribution network and increased the availability of family planning products for underserved populations.

Supplying social marketing contraceptives to local family planning organizations strengthens their contraceptive-management systems and fosters contraceptive security. The strategy of moving NGOs from receiving free, donated contraceptives to purchasing subsidized, social marketing products helped build local capacity. In addition, these organizations used their networks of community health workers to bring contraceptives and family planning education to people in remote areas.

ADDITIONAL RESOURCES

Direction de la Démographie et des Statistiques Sociales (INSTAT) and Macro International, Inc. 1998. *1997 Madagascar Demographic and Health Survey (Enquête Démographique et de Santé, Madagascar 1997*). Calverton, MD, USA: INSTAT/Macro International, Inc.

UNICEF. 2000. *2000 Multiple Indicators Cluster Survey, Madagascar*. Available at *www.childinfo.org/MICS2/newreports/madagascar/madagascar.PDF.*

CMS/Madagascar website: *www.cmsproject.com/country/africa/madagascar.cfm*

PSI/Madagascar website: *www.psi.org/where_we_work/madagascar.html*

USAID/Madagascar website: *www.usaid.gov/regions/afr/country_info/madagascar.html*

Cover photo: © Jeremy Horner / Panos Pictures.
People peer out the window of their highland home in Fianarantsoa, Madagascar.

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